STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185414	A. BUILDING _____ B. WING _____	02/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN MANOR OF PAINTSVILLE	1025 EUCLID AVENUE PAINTSVILLE, KY 41240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated standard survey (KY15721) was conducted on February 14, 2011. The allegation was unsubstantiated; however, deficient practice was identified at "D" level.	F 000	Mountain Manor of Paintsville does not believe and does not admit that any deficiencies existed,either, before, during or after the survey. Mountain Manor of Paintsville reserves	
F 319 SS=D	483.25(f)(1) TX/SVC FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that one (1) resident received the appropriate treatment and services to address behaviors of wandering and sexually inappropriate behaviors. The findings include: 1. Resident #2 was observed on February 14, 2011, at 11:47 a.m., to be sitting in the resident's room with a private sitter sitting next to the resident. The resident was observed to be writing on a piece of paper. Resident #2 was again observed on February 14, 2011, at 3:15 p.m. to be sitting quietly in the resident's room with the TV on. No behaviors were observed. The resident was not interviewable due to cognitive status. A review of the medical record revealed resident #2 was admitted to the facility on September 20, 2010, with diagnoses to include Alzheimer's	F 319	all rights to contest the survey findings through IDR, formal legal appeal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is it meant to establish any standard of care, contract obligation or position, and Mountain Manor reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance, or self-critical examination privileges which Mountain Manor of Paintsville does not waive, and reserves the right to assert in any administrative, civil, criminal claim, action or proceeding. Mountain Manor of Paintsville offers its responses, credible allegation of compliance, and plan of correction as part of its ongoing effort to provide quality care to its residents. F319 483.25(f)(1)TX/SVC FOR MENTAL/ PSYCHOSOCIAL DIFFICULTIES	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Deborah Fitzpatrick	Administrator	3/9/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 319	Continued From page 1 Disease, Anxiety and Dementia. A review of the admission comprehensive assessment, conducted on September 13, 2010, revealed the resident was assessed to have short and long term memory deficit with moderately impaired decision making skills. The resident was also assessed to be easily distracted, to have variation in mental function and to exhibit wandering behaviors. A review of the comprehensive care plan for resident #2 revealed the facility addressed a problem related to agitation, wandering, and delirium. Interventions to address these problems included: to place the resident in an area where observation was possible when the private sitter was not available, to monitor for any changes in mood/behavior and report these changes to the nurse and/or social services, and to provide diversional activities when the resident wandered into other residents' rooms. Interviews conducted with Certified Nurse Aides (CNA) #1, #2 and #4, on February 14, 2011, from 11:55 a.m., through 3:25 p.m., revealed episodes of behavior were required to be documented on the Mood and Behavior Summary sheets when a resident exhibited each behavior. The CNAs stated the behaviors should also be reported to the nurse and/or Social Services Director (SSD). A review of the Mood/Behavior Summary sheets dated December 27, 2010 through January 29, 2011 revealed resident #2 frequently exhibited behaviors of agitation, wandering, disrobing, and smearing feces. On January 21, 2011 (no time), the CNA documented resident #2 was found in another female resident's room; kissing the resident and "almost" in the bed with the female	F 319	It is the policy of this facility that a resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem. This is evidenced by the following: 1. The entire comprehensive assessment for resident #2 will be reviewed for accuracy and the care plan will be updated accordingly to include interventions for sexually inappropriate behavior as well as other inappropriate behaviors. This will be completed by Kathy Meadows, Social Services and Roberta Thompson, MDS/Care Plan Coordinator. Nurse aides caring for resident #2 will be inserviced on verbal reporting of inappropriate behaviors (between resident #2 and other residents) to the nurses and social services (if available) immediately. They will also be inserviced on proper documentation of the incident to include the date and time. This will be completed by Kathy Meadows, Social Services and/or Robyn Akers, Assistant Administrator. Social Services will be inserviced concerning the assessment of resident #2 at the time incidents occur or	3/23/11 3/22/11

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F 319	Continued From page 2 resident. An interview with CNA #4 on February 14, 2011, at 6:55 p.m., revealed the CNA stated he/she documented the incident with resident #2 on January 21, 2011. CNA #4 stated resident #2 was removed from the other resident's room and the incident was reported to the nurse on duty. The CNA identified the other resident to be resident #4. Resident #4 was observed on February 14, 2011, at 5:35 p.m., to be sitting in a chair in the resident's room. A "Stop Sign" was noted to be attached to the resident's doorway with Velcro. Resident #4 was not interviewable due to cognitive impairment. An interview conducted with Licensed Practical Nurse (LPN) #2 on February 14, 2011, at 7:05 p.m., revealed the LPNs were also responsible to document resident behaviors. LPN #2 stated he/she was not responsible to monitor/review the behaviors documented by the CNAs. LPN #2 stated the incident on January 21, 2011 had not been reported to the LPN. An interview conducted with SSD #2, on February 14, 2011, at 6:40 p.m., revealed the SSD was responsible to review the mood/behavior summary sheets. The SSD stated the mood/behavior sheets were reviewed prior to completing the resident's quarterly assessment. The SSD also stated that staff were responsible to report any changes in resident behavior to the SSD. The SSD stated the incident on January 21, 2011, which involved resident #2 and #4, had not been reported to the SSD; however, the SSD stated he/she was aware of a previous incident	F 319	at the time they become aware of the incident and updating the care plan accordingly based on the assessment. This will be completed by Robyn Akers, Assistant Adm. 3/9/11 Resident #2 is currently seeing the psychiatrist monthly. The psychiatrist will be notified of incidents related to sexually inappropriate behavior. She will see the psychiatrist on 3/14/11. Mary Arms DON or Anna Caldwee, ADON will complete this. 3/14/11 Resident #2 was transferred to a dementia care unit at this facility on 3/1/11. 2. All resident assessments and care plans will be reviewed for identification and treatment interventions related to psychosocial adjustment difficulties. Nursing staff will be notified of any changes to care plans related to behavioral interventions. This will be completed by Kathy Meadows, Social Services and Roberta Thompson, MDS/Care Plan Coordinator. 3/23/11	

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F 319	Continued From page 3 that occurred "last month" when resident #2 had kissed resident #4 in the hallway. The SSD further stated he/she redirected resident #2. The SSD stated he/she did not further assess the resident's sexually inappropriate behaviors and no further interventions or treatment had been developed/provided for resident #2. A review of the facility's policy/procedure related to Unmanageable Residents (no date) revealed each resident would be provided a safe place of residence. The policy/procedure noted if a resident should become unmanageable, in any way that would jeopardize the resident or other resident's safety, the Director of Nurses (DON) should be notified and an incident report completed.	F 319	3. All staff will be inserviced on abuse and neglect prevention and reporting procedures. Special attention will be given to sexually inappropriate behavior between residents as a reportable incident as specified in the abuse prevention policy. This will be completed by Kathy Meadows, Social Services. Nursing Staff will be inserviced on poper documentation procedures to include date and time. This will be completed by Mary Arms, DON. We will implement new mood and behavior monitoring sheets on all residents identified as having inappropriate behaviors. This will be completed by Kathy Meadows, Social Services. All mood and behavior sheets will be reviewed weekly by Kathy Meadows, Social Services and Misty Pennington, Social Services. All nursing staff will be inserviced on how to complete the new monitoring sheets. This will be done by Kathy Meadows, Social Services. 4. The results of the weekly review will be reported monthly through CQI for 6 months by Kathy Meadows, Social Services or Misty Pennington, Social Services.	3/22/11 3/22/11 3/30/11 3/22/11 3/22/11 3/30/11

F319

All psychosocial difficulties not previously identified will be reported to their respective physicians and families as part of Notification of Rights and Services. Records of these residents will be audited to insure notification. This will be completed by Robyn Akers, Assistant Administrator and/or Mary Arms, DON. 3/30/11

The Medical Director will be consulted concerning the new behavior sheets, the audit process and the results of the audit on a monthly basis as part of CQI. This will be completed by Robyn Akers, Assistant Administrator.

3/30/11

5. Completion Date 3/30/11